

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Lafayette  
Township Lexington  
City Lexington (No. 5625)

Registration District No. 461

Primary Registration District No. 3024

File No. 38049

Registered No. 181

St. Mo. Ward 1

2. FULL NAME Mary Zinke Rostagna

(a) Residence, No. 1

(Usual place of abode)

St. Mo.

Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe.

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lawrence Rostagna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 18 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78

1

7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

13. NAME

Karl Zinke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Miss. Bertha Rostagna, Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lexington, Mo.

DATE Oct. 27, 1937

19. UNDERTAKER (ADDRESS)

Winkler

Lexington, Mo.

20. FILED

Oct-27, 1937

Page B. Bate

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1937 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937, to Oct 25, 1937.

I last saw him alive on Oct 25, 1937. Death is said

to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Other contributory causes of importance:

Deleterious behavior

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?                      Date of injury                     , 19                    

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

Lexington, Mo.

